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Attorney Docket Number DECLARATION FOR UTILITY OR HuaLong Chen First Named Inventor **DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date Declaration ☐ Declaration Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
WIRELESS G	ATEWAY SUBJEC	CT TO THE IE	EE 802.	1 lb				
PROTOCOL					·			
the specification of which (Title of the Invention)								
is attached herel	0		••	•				
was filed on (MM	DD/YYYY)	as Unite	d States Applica	tion Number or F	PCT international			
Application Number	and w	vas amended on (MM/DD/Y	777) E	 	(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
l acknowledge the duty to	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certifled Co YES	py Attached? NO			
92209837	Taiwan	May/28/03	0000	2 000	0000			
Additional foreign applic	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	28 attached here	eto:			
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date (MM/D		e (MM/DD/YYYY)	•					
			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application. U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: 🔀 Customer Number 25859 OR Registered practitioner(s) name/registration number listed below Number Bar Code l abel here Registration Registration Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number 25859 OR Correspondence address below or Bar Code Label Name Address Address City State ZIP Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle (if anyl) Eamily Name or Surname HuaLong Chen Inventor's Hualong 03/05/04 Chen Signature Residence: City Shenzhen China Citizenship China 1650 Memorex Drive Post Office Address Post Office Address 95050 71P U.S.A. Country

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached herote

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of _____

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])			Family Name or Sumame						
Mingwu			Jiang						
Inventor's Signature	ma so				-1 1 1 m			Date	03/05/
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City	Santa Clara	State	CA		ZIP	95050	Country	u.s	.A.
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature			·					Date	
Residence: City		State		\perp	Country			Citizenshi	p
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Post Office Address					,				
City	Santa Clara	State	CA	ZIP 95050 Count		y U.S.A.			
Name of Addition	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								inventor
Given Nar	ame (ffrst and middle [if any]) Family Name or Surname								
Inventor's Signature							Date		
Residence: City		State		Country Citizenship			,		
Post Office Address									
Post Office Address		·							
City		State	_	ZIP Country					

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